BLANKET PURCHASE ORDER STATE OF MARYLAND

******* STATE OF MARYLAND **********

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:

WATKINS SECURITY AGENCY INC

2901 DRUID PARK DRIVE SUITE A-106

BALTIMORE, MD 21215

(410)523-5080

REFER QUESTIONS TO:

SHARON VANZIE (410)767-4024

SHARON.VANZIE1@MARYLAND.GOV

ITB: 001IT821042

EXPR DATE: 02/01/23 **POST DATE:** 01/14/20

DISCOUNT TERMS: .

NET 30 DAY

CONTRACT AMOUNT: 976,510.08

TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICE/PRE-TRIAL DETENTION CENTER

FUNDING SOURCE:

T0409 2020 V9110 01 8230 \$160,392.96

T0409 2021 V9110 01 8230 \$325,503.36 T0409 2022 V9110 01 8230 \$330,220.80

T0409 2023 V9110 01 8230 \$160,392.96

MINORITY BUSINESS ENTERPRISE (MBE) GOAL-10%

SMALL BUSINESS RESERVE CERTIFICATION #-SB19-004276

VENDOR CONTACT-

HAYDEN MOORE, HMOORE@THEWATKINSGROUP.COM, 410-523-5080

AGENCY CONTACT:

TYRELL WILSON SR, TYRELL.WILSON@MARYLAND.GOV, 410-545-8107 JAMES FLOOD, JAMES.FLOOD@MARYLAND.GOV, 410-545-8104

RETAIN IFB FOR FUTURE REFERENCE

BLANKET PURCHASE ORDER

STATE OF MARYLAND									
*****	STATE	OF	MARYLAND	*****					

BPO NO:	001B0600140		ARYLAND ********* DATE: 03/30/20	
LINE #	STATE ITEM ID	<u>U/M</u>	UNIT COST	
0001	96480	EA	976,510.0800	
PROVIDE SAFETY, PERIOD,	Y GUARDS UNARMED GUARD SERVIC DIVISION OF PRE-TRIA BEGINNING FEBRUARY 1 I HAS TWO (2), ONE (1	L DETENTION ., 2020 THROU	CENTER FOR A THRE JGH JANUARY 31, 20	CE (3) YEAR
		END OF I	TTEM LIST	
INVITATE MODIFICE SHALL CO	NKET PURCHASE ORDER (ION TO BID (ITB) AND ATIONS OR OPTIONS ISSOMPLY WITH ALL OF THE SSUED WITH THE ITB ANBPO.	ANY SUBSEQUE SUED RELEVANT TERMS, CONI	ENT AMENDMENTS, T TO THE ITB OR BE DITIONS AND SPECIF	PO, TICA-
LICENSE	STATE OF MARYLAND OR OR CERTIFICATE TO PE PROVIDE THE LICENSE N	RFORM THE SE	ERVICES REQUIRED,	IS A
	106-3288 LICENSE NUMBER		1/31/22 DATE OF EXPIRATION	<u> </u>
	ARE A DEPARTMENT OF T S, PLEASE PROVIDE YOU			LITY
MI	DOT'S MBE CERTIFICATI	ON NUMBER		
	* * *	***** LAST F	PAGE ******	

BUYER AUTHORIZED DESIGNEE

DATE:____

AUTHORIZED BY: